TN No.

Effective Date 10

HCFA ID: 7982E

9335

Revision: BCFA-AT-80-38(BPP)

May 22, 1980

OFFICIAL

State			OHIO			
Citation 12 CFR Part 140, Subpart B 12 CFR 441.15 NT-78-90 NT-80-34	3.1(b)	Home health services are provided in accordance with the requirements of 4441.15.				
		(1)	Home health services are provided to all categorically needy individuals 21 years of age or over.			
		(2)	Home health services are provided to all categorically needy individuals under 21 years of age.			
			XX Yes			
			Not applicable. The State plan does not provide for skilled nursing facility services for such individuals.			
		(3)	Home health services are provided to the medically needy:			
	•					
			Yes, to individuals age 21 or over: SNF services are provided			
			Yes, to individuals under age 21; SNF services are provided			
			No; SNF services are not provided			

Not applicable; the medically needy are not included under

this plan

Revision: HCFA-PM-93- (BPD)

State/Territory:				OHIO				
Citatio	<u>n</u>	3.1	Amount, (continue	Duration,	and_	scope	of	services
42 CFR	431.53		(c)(1)	Assurance	of Tr	ansport	atio	<u>n</u>
				Provision necessary recipients Methods transporta	to to used tion	ranspo and fr to are	rtat om p assu	ion of roviders. re such
42 CFR	483.10		(c)(2)	Payment Services	for	Nursi	.ng	Facility
		The State facility seand service 483.10(c)(ervic	es at l specifi	east			

TN No. <u>93-38</u>

Supersedes Approval Date 2-7-94 Effective Date 10-31-93

TN No. <u>91-19</u>

Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

OFFICIAL

OHIO State

Citation 42 CR 440.260 AT-78-90

3.1(d)Methods and Standards to Assure Quality of Services

> The standards established and the methods used to assure high quality care are described in ATTACHMENT 3.1-C.

UFFICIAL

Revision: HCFA-AT-80-38 (BPP)

May 22, 1980

State OHIO

<u>Citation</u> 42 CFR 441.20 AT-78-90 3.1(e) Family Planning Services

The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

1 3 344 **5**30 454 3

Revision:	HCFA-PM-87-5 APRIL 1987	(BERC)	OMB No.: 0938-0193		
	State/Territory	: OHIO			
Citation 42 CFR 441 AT-78-90		under §§435.531 and were previously prov Services of the type authorized to perfor in the term "physici	es (other than those provided of 436.531) are not now but covided under the plan. The an optometrist is legally orm are specifically included cians' services" under this ursed whether furnished by a		
		sentence apply be services does services of the legally authoriz	ons described in the first ut the term "physicians' not specifically include type an optometrist is ed to perform. The conditions in the		
		first sentence d			
1903(i)(1) of the Act P.L. 99-27 (Section 9	, 2 507)	// No. /x/ Yes. Similarly treated alike and facilities that may, provide those with the accessite to individuals equader this plan.	cedures are provided. situated individuals are d any restriction on the may, or practitioners who se procedures is consistent bility of high quality care ligible for the procedures Standards for the n transplant procedures are		
TN No. <u>\$7</u> Supersedes TN No. <u>76</u> -	App	roval Date <u>8/20/87</u>	Effective Date		

Revision:	HCFA-PM MARCH 1		((BERC)	OMB No.:	0938-0193	
	State/T	errito	ory:	OHIO			
Citation	•	3.1 ((g) <u>P</u>	Participation by Indian Health S	ervice Fac	ilities	
42 CFR 431 AT-78-90	.110(b)		P	Indian Health Service facilities are accepted as providers, in accordance with 42 CFR 431.110(b), on the same basis as other qualified providers.			
1902(e)(9) of the Act, P.L. 99-509 (Section 9408)				despiratory Care Services for Ve	ntilator-De	ependent	
			8	Respiratory care services, as defined in section 1902(e)(9)(C) of the Act, are provided under the plan to individuals who			
			(Are medically dependent on a ventilator for life support at least six hours per day; 			
			(Have been so dependent as in single stay or a continuous hospitals, SNFs or ICFs for 	stay in one	or more	
				/// 30 consecutive days;			
				// days (the maximum nu days allowed under the S			
			•	 Except for home respiratory respiratory care on an inpat hospital, SNF, or ICF for wh payments would be made; 	ient basis	in a	
			(4) Have adequate social support cared for at home; and	services (to be	
			(5) Wish to be cared for at home			
			es. The requirements of section are met.	n 1902(e)() of the		
		4		ot applicable. These services the plan.	are not inc	cluded in	
TN No. 87 Supersedes TN No. 78	1	A	lppro	eval Date 8/20/87 Effect	ive Date _		

HCFA ID: 1008P/0011P